

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

## FOR OFFICIAL USE ONLY

## COMMENTS

C														
C														
15 16														
INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)		
F P A D 0 5 0 9 4 2 2 9 1 2 1												8 0 0 8 1 8		
1 2 3 4 5 6 7 8 9 10 11 12										13 14 15		16 17 18 19 20 21 22 23		

## I. NAME OF INSTALLATION

SINGER AMERICAN METER DIVISION ERIE

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3 P O BOX 1251 920 PAYNE AVE

## CITY OR TOWN

ERIE PA 16512

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

5 9 2 0 PAYNE AVE

## CITY OR TOWN

ERIE PA 16512

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

2 B U O N A R L M A N A G E R I N D E N G

## PHONE NO. (area code &amp; no.)

8 1 4 . 4 5 6 . 7 5 5 3

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 S I N G E R C O R P O R A T I O N

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WPA005094229121

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F017 23 - 26	3 F018 23 - 26	4 D009 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE  
(D001)☐ 2. CORROSIVE  
(D002)☐ 3. REACTIVE  
(D003)☒ 4. TOXIC  
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

 R. L. Buona  
 Manager - Industrial Engineering

DATE SIGNED

8/12/80

NOTICE

FACILITY NAME: Singer American Meter Div. Erie

EPA ID NUMBER: PA D 050942291

PRESENT C1105 CODE: 5

PRESENT C305 CODE: 5

CORRECT C1105 CODE: 5

CORRECT C305 CODE: blank

The current status of the above facility is:

- ☐ ( ) Certified Closure
- ☐ ( ) State confirms facility is not a TSD facility
- ☒ (X) State confirms facility is less than 90 day storage
- ☐ ( ) Closure not necessary
- ☒ (X) Facility converted to Generator status w/o full closure
- ☐ ( ) Facility is a Transporter

ADDITIONAL INFORMATION ON THE STATUS OF THIS FACILITY:

Jennifer Jure  
Signature of Reviewer

7/21/88  
Date

REQUEST FOR WITHDRAWAL FROM INTERIM STATUS

FACILITY NAME

Anger - American Meter Div.

FACILITY I.D. NO.

PA0-05-094-2291

CHECKLIST

No

Part B Called In?

\_\_\_\_\_ Submit closure plan for review?

\_\_\_\_\_ Go through proper closure/post closure

\_\_\_\_\_ Approved?

\_\_\_\_\_ Claims corroborated by State/EPA inspection?

\_\_\_\_\_ Additional future inspections required?

WITHDRAWAL APPROVED

William L. Walsh  
Signature

Date

4-14-83

*See DER's 4/14/83 letter.*



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
Post Office Box 2063  
Harrisburg, Pennsylvania 17120  
April 14, 1983



(717) 787-7381

William L. Walsh  
Waste Enforcement Section (3AW22)  
EPA Region III  
6th and Walnut Streets  
Philadelphia, PA 19106

Dear Bill:

Enclosed is the first list of confirmed Part A withdrawals. As we discussed, these are companies which we are certain do not need a permit; I have not included ones that are "in the works".

I will be sending additional lists shortly.

Sincerely,

GAYLE LEADER  
Sanitary Engineer  
Division of Hazardous Waste Management

Enclosure

### REGION I - NORRISTOWN

T and B/Ansley Corporation - Perkasio-PAD002498699 - Storage status deleted.

Mead Packaging - Fairless Hills - PAD 05 328 6902 - Not a TSD.

### REGION II - WILKES-BARRE

Certainfeed Corporation - Mountaintop Plant - PAD042092254 - Company is reuse/recycle, no storage.

Sanitas, A Division of L.E. Carpenter & Company - Hazle Township, PAD075988071 - Storage status has been deleted.

Scranton Army Ammunition Plant - Scranton - PA5 210021510 - Not a hazardous waste generator.

### REGION III - HARRISBURG

Carlisle Tire and Rubber Company (Syntec) - Carlisle - PAD096255724 - Deleted storage status.

Carlisle Tire and Rubber Company - Carlisle - PAD069784049 - Deleted storage status.

### REGION IV - WILLIAMSPORT

GTE Products Corporation - Williamsport - PAD000800557 - Deleted storage status.

GTE Products Corporation - Montoursville - PAD003050713 - Deleted storage status.

Grumman Allied Industries, Inc. - Montgomery - PAD058444043 - Storage was deleted.

### REGION V - PITTSBURGH

U.S. Steel Corp. - Irvin Works - PAD 004379061 - Deleted Storage.

Calgon Corporation - Neville Island - PAD000736942 - DER does not agree with EPA's interpretation on the spent carbon, this company will need a hazardous waste permit.

Teledyne Vasco - Latrobe - PAD 05 762 9479 - Closure is not complete as of 4/83.

### REGION VI - MEADVILLE

Koppers Company, Inc. - Oil City - PAD004336756 - Storage deleted.

Mallinckrodt, Inc. - Calsicat Division - Erie - PAD041399400 - Storage deleted.

Singer - American Meter Division - Erie - PAD050942291 - Storage deleted.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

Mr. Rick Shipman  
PA Department of Environmental Resources  
Division of Hazardous Waste Management  
Compliance Section  
P.O. Box 2063  
Harrisburg, PA 17120

Dear Rick:

As we discussed on February 28, 1983, I am sending this list of facilities which are withdrawing their Part A permit applications. These withdrawals include facilities which have never treated, stored, or disposed of hazardous wastes and now wish to correct their status. Some of these have been motivated by EPA Region III's request for the Part B permit application. These Part B call-ins are the Region's primary concern and therefore, should be given the quickest possible consideration. I will designate these facilities by placing an asterisk(\*) next to their name. ~~Other reasons for withdrawing as a TSD include closure, going out of business, and changes in operating procedures.~~

The reason for this letter is to verify what the facility is stating as its reason for withdrawing its TSD status is true and to ensure all requirements, including closure, are met.

I have broken the list down by your state's 6 regional offices and have given a brief description of the circumstances involved at each site. We appreciate your cooperation in this matter and hope to hear from you soon. If you have any questions, please feel free to call.

Sincerely yours,

William L. Walsh  
RCRA Compliance Section

Enclosure

cc: Jim Webb (3AW00)  
Greg Koltunuk (3AW22)  
Shirley Bulkin (3AW32)

Region VI - Meadville

OK TO  
C. THD/TH  
1/14/83  
LETTER  
Koppers Co, Inc. \*-Oil City-PAD 00 433 6756 - 1/19/83 letter from Koppers states that the storage will not exceed 90 days.

Mallinckrodt, Inc. -Calsicat Division \*-Erie - PAD 04 139 9403 - 2/14/83 letter from the facility claims that according to their review they will not need storage facility status.

Singer-American Meter Division - Erie - PAD 05 094 2291 - 2/11/83 letter to DER's central office states that the site wishes to have generator status only since their storage has not exceeded 90 days.



SINGER



AMERICAN METER DIVISION

February 11, 1983

Pennsylvania Department of  
Environmental Resources  
Bureau of Solid Waste Management  
Post Office Box 2063  
Harrisburg, PA 17120


Gentlemen:

The attached Hazardous Waste Activity Form ER SWN-53 will serve to notify the Pennsylvania Department of Environmental Resources of a change in status by the Singer - American Meter Division, Erie, Pennsylvania EPA I.D. Number PAD 050942291 to a generator activity only from the previous status of generate and storage activity.

Originally, the intent of the Erie Plant was to obtain a Generate and Storage Permit to be able to store hazardous wastes over the ninety (90) day period. Since November, 1981, we have not had any problem in disposing of hazardous wastes within the ninety (90) day limit and therefore feel that the Generate, Store, Transport and Disposal Status will not be required.

If more information is required, please notify the writer at your convenience.

Sincerely yours,

  
D. D. Jackson  
Manager of Industrial Engineering

DDJ:mmm

Encl.: (1)

cc: A. Shepherd, Stamford  
B. F. Taul, Philadelphia  
V. F. Valerio

R. J. Gilson, Pa DER, Meadville  
S. D. Bulkin, US EPA

FEB 16 1983

BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

R-S-1M-53: Rev. 3/82

I. INSTALLATION'S EPA I.D. NUMBER													
P	A	D	0	5	0	9	4	2	2	9	1		
II. NAME OF INSTALLATION													
Singer - American Meter Division													
III. INSTALLATION MAILING ADDRESS													
STREET OR P. O. BOX													
Post Office Box 1251													
CITY OR TOWN										ST.	ZIP CODE		
Erie										PA	16512		
IV. LOCATION OF INSTALLATION													
STREET OR ROUTE NUMBER										MUNICIPALITY			
920 Payne Avenue										City of Erie			
CITY OR TOWN					ST.		ZIP CODE		COUNTY				
Erie					PA		16503		Erie				
V. INSTALLATION CONTACT													
NAME AND TITLE (last, first, & job title)										PHONE NO. (area code & no.)			
Jackson, David D. Manager - Industrial Engineering										814 456 7551			
VI. OWNERSHIP													
A. NAME OF INSTALLATION'S LEGAL OWNER													
B. TYPE OF OWNERSHIP													
(enter the appropriate letter into box)													
F - FEDERAL    M - NON-FEDERAL <span style="border: 1px solid black; padding: 2px 5px;">M</span>													
VII. SIC CODES (4-digit in order of priority)													
A. FIRST						C. THIRD							
5395 (specify) Gas Meters - Diaphragm Type						5400 (specify) Gas Meters Rotary Type							
B. SECOND						D. FOURTH							
4765 (specify) Correcting Instruments						5405 (specify) Gas Meters - Turbine Type							
II. TYPE OF HAZARDOUS WASTE ACTIVITY													
<input checked="" type="checkbox"/> A. GENERATION			<input type="checkbox"/> C. STORE			<input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX)			<input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM				
<input type="checkbox"/> B. TREAT			<input type="checkbox"/> D. DISPOSE			<input type="checkbox"/> F. PERMIT BY RULE			<input type="checkbox"/> H. OTHER (specify):				
IX. MODE OF TRANSPORTATION (transporters only)													
<input type="checkbox"/> A. AIR			<input type="checkbox"/> B. RAIL			<input type="checkbox"/> C. HIGHWAY			<input type="checkbox"/> D. WATER			<input type="checkbox"/> E. OTHER (specify):	
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS													
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)							
B. UIC (Underground Injection of Fluids)						E. SOLID WASTE							
C. RCRA (Hazardous Wastes)						F. OTHER (specify)							
XI. TYPE OF NOTIFICATION													
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).													
<input type="checkbox"/> A. FIRST NOTIFICATION				<input type="checkbox"/> C. DELETION OF A WASTE				<input checked="" type="checkbox"/> E. DELETION OF AN ACTIVITY					
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION				<input type="checkbox"/> D. ADDITION OF A WASTE				<input type="checkbox"/> F. ADDITION OF AN ACTIVITY					

CONTINUE ON REVERSE

FEB 16 1983

## XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
D 0 0 1	D 0 0 9	F 0 0 1	F 0 0 2		
19	20	21	22	23	24
25	26	27	28	29	30

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(g)(2) through (5))

☐ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☐ 4. EP TOXIC.

## XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*David D. Jackson*

NAME and OFFICIAL TITLE (Type or Print)

David D. Jackson  
Manager - Industrial Engineering

DATE SIGNED

2/16/83

FOR OFFICIAL USE ONLY

FEB 16 1983

SINGER



AMERICAN METER DIVISION

August 25, 1981

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administrative Support Section  
6th and Walnut Streets  
Philadelphia, Pennsylvania 19106

Attention: Ms. Shirley D. Bulkin (3EN24)

Dear Ms. Bulkin:

In response to your letter of August 13, 1981 and previous correspondences with your office, a revised Hazardous Waste Permit Application has been completed for our facility. On this new application, waste oils and paint wastes are not included. Our ignitable paint wastes are now included under Hazardous Waste Number D001, as directed in your letter.

Also, since we now have a better idea how much of each type of waste our facility generates each year, most of the estimated annual quantities of waste in Section IV have been revised.

We trust these changes will not affect our requirements for Interim Status for Hazardous Waste Storage.

Sincerely,

Ronald E. Stimpson  
Industrial Engineer

RES:pt  
Enclosure

cc: D. D. Jackson  
B. F. Taul - Phila.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

August 13, 1981

Mr. D. D. Jackson  
Singer - American Meter Division - Erie Plant  
P. O. Box 1251  
Erie, PA 16512

Dear Mr. Jackson:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

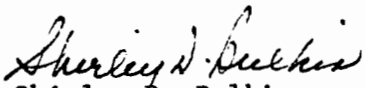
A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Shirley D. Bulkin".

Shirley D. Bulkin  
Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING  
INTERIM STATUS

Date Prepared: August 13, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Singer - American Meter Division - Erie Plant

Location: 920 Payne Avenue  
Erie, PA 16512

EPA I.D. No.: PAD 05 094 2291

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: D. D. Jackson - Manager Industrial Engineering

Operator's Name:

III. During the period of interim status, the facility may use u p y the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>11,000 Gals.</u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>F001</u>	<u>D001</u>	<u>D009</u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

\*For waste code F017 See Attachment

ATTACHMENT

Re: Paint Wastes

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource Conservation and Recovery Act (RCRA). The paint wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40 CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Wastes Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. In order to properly process your permit application and avoid further inquiries, a response within 10 days would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administrative Support Section  
6th and Walnut Streets  
Philadelphia, PA 19106  
Attn: Ms. Shirley D. Bulkin (3EN24)



# RECORD OF COMMUNICATION

☒ PHONE CALL    ☐ DISCUSSION    ☐ FIELD TRIP    ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: *Singer-American  
meter division*

FROM: *D. Albertini*

DATE *8-10-81*  
TIME *11:25*

SUBJECT

*title*

## SUMMARY OF COMMUNICATION

*Called and spoke to Mr. Jackson about his title, Mr. Jackson told me that his facility is a division and at this plant a plant mgr. has the staff as a V.P. which gives him duties & the authority of a V.P. Mr Jackson does have the authority to sign this paper (permit). (If any question on his title you can call Mr. Shepard at 203-356-4200)*

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

# SINGER



AMERICAN METER DIVISION

July 13, 1981

EPA Region III  
6th and Walnut Streets  
Philadelphia, Pennsylvania 19106

Attention: Paul Gotthold  
Mail Code 3EN24

Dear Paul:

As per our telephone conversation of July 13, 1981, please delete lines 5 and 6 on Page 3 of 5 from our Hazardous Waste Permit Application (Form 3). Both of those lines are for waste oils which, at the time the application was completed, we assumed to be considered hazardous by the EPA. Thank you.

Very truly yours,

Ronald E. Stimpson  
Industrial Engineer

RES:pt

cc: D. D. Jackson  
B. F. Taul - Phila.

<b>RECORD OF COMMUNICATION</b> <b>PAD 05 094 2391</b>		<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY)	
<b>TO: SINGER AMERICAN</b> <b>METER DIVISION</b> <b>MR. D.D. JACKSON</b>		<b>FROM: PAUL GOTHOLD</b> <b>EPA REGION III</b> <b>RCRA</b>	
<b>SUBJECT</b> <b>PART A APPLICATION - ERIE FACILITY</b>		<b>DATE</b> <b>JULY 13, 1981</b> <b>TIME</b> <b>9:15 AM</b>	
<b>SUMMARY OF COMMUNICATION</b>  D000 WASTE CODE IMPROPER.  SPOKE TO MR. RON STIMPSON - HE WILL DELETE THE TWO D000 LISTINGS BY LETTER AS THEY ARE ONLY WASTE CODES.			
<b>CONCLUSIONS, ACTION TAKEN OR REQUIRED</b>			
<b>INFORMATION COPIES</b> <b>TO:</b>			



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD050942291

December 31, 1980

Singer - American Meter Div.  
Mr. D.D. Jackson  
P.O. Box 1251  
Erie, Pa. 16512

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA Form 3510-3 (6-80)

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS. . . . . P  
TONS. . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS. . . . . K  
METRIC TONS. . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	0 2	400	P	T 0 3 D 8 0	
X-3		100	P	T 0 3 D 8 0	
X-4					included with above

**NOTE: Photocopy this page before completing if you have more than 26 wastes to list.**

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY														
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	S	16	17	18	19	20	21	22	23	24	25	26	27	28
W	P	A	D	0	5	0	9	4	2	2	9	1			1	W													
1	2												13	14	15	1	2									19	20	21	22

[illegible]



**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	5	0	9	4	2	2	9	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	2	0	7	0	5	8
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	8	0	0	2	0	4	1
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

C	E	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

David D. Jackson Mgr. Ind. Eng.

B. SIGNATURE

David D. Jackson

C. DATE SIGNED

8-25-81

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Jackson Mgr. Ind. Eng.

B. SIGNATURE

David D. Jackson

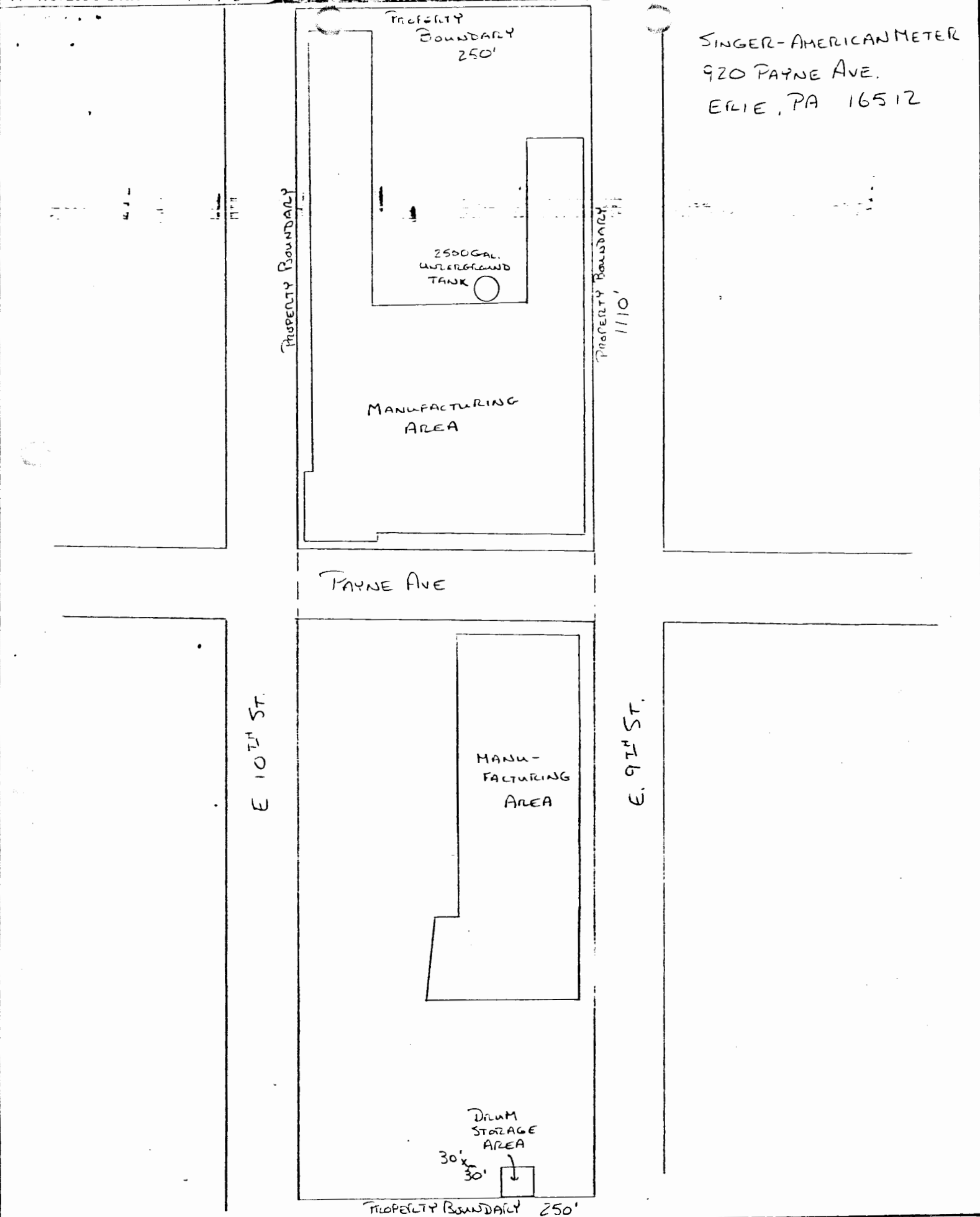
C. DATE SIGNED

8-25-81



**V. FACILITY DRAWING** (see page 4)

Same as original application.



FORM <b>3</b> RCRA		ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			F P A D 0 5 0 9 4 2 2 9 1 1											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
		ORIGINAL PART A: see revised PART A AUG 25, 1981

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☒ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	11,000	G		7				
2	S 0 2	2,500	G		8				
3					9				
4					10				

LINE #2 deleted by letter AUG 25, 1981.

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS.....P  
TONS.....T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W P A D 0 5 0 9 4 2 2 9 1 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	F 0 0 1	15,000	P	S 0 1																					
2	<del>F 0 1 7</del>	<del>57,600</del>	<del>P</del>	<del>S 0 1</del>																					
3	D 0 0 1	10,500	P	S 0 1																					
4	D 0 0 9	600	P	S 0 1																					
5	<del>D 0 0 0</del>	<del>100,400</del>	<del>P</del>	<del>S 0 1</del>																					
6	<del>D 0 0 0</del>	<del>50,600</del>	<del>P</del>	<del>S 0 2</del>																					
7																									
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26																									



**IV. DESCRIPTION OF HAZARDOUS WASTE** *(continued)***E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	5	0	9	4	2	2	9	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.**VI. PHOTOGRAPHS**All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	2	0	7	0	5	8
55	56	57	58	59	60	61

0	8	0	0	2	0	4	1
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
F												G																			
15 16												40 41 42												43 44				45 46			

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

D. D. Jackson

B. SIGNATURE

David E. Jackson

C. DATE SIGNED

11-14-80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

D. D. Jackson

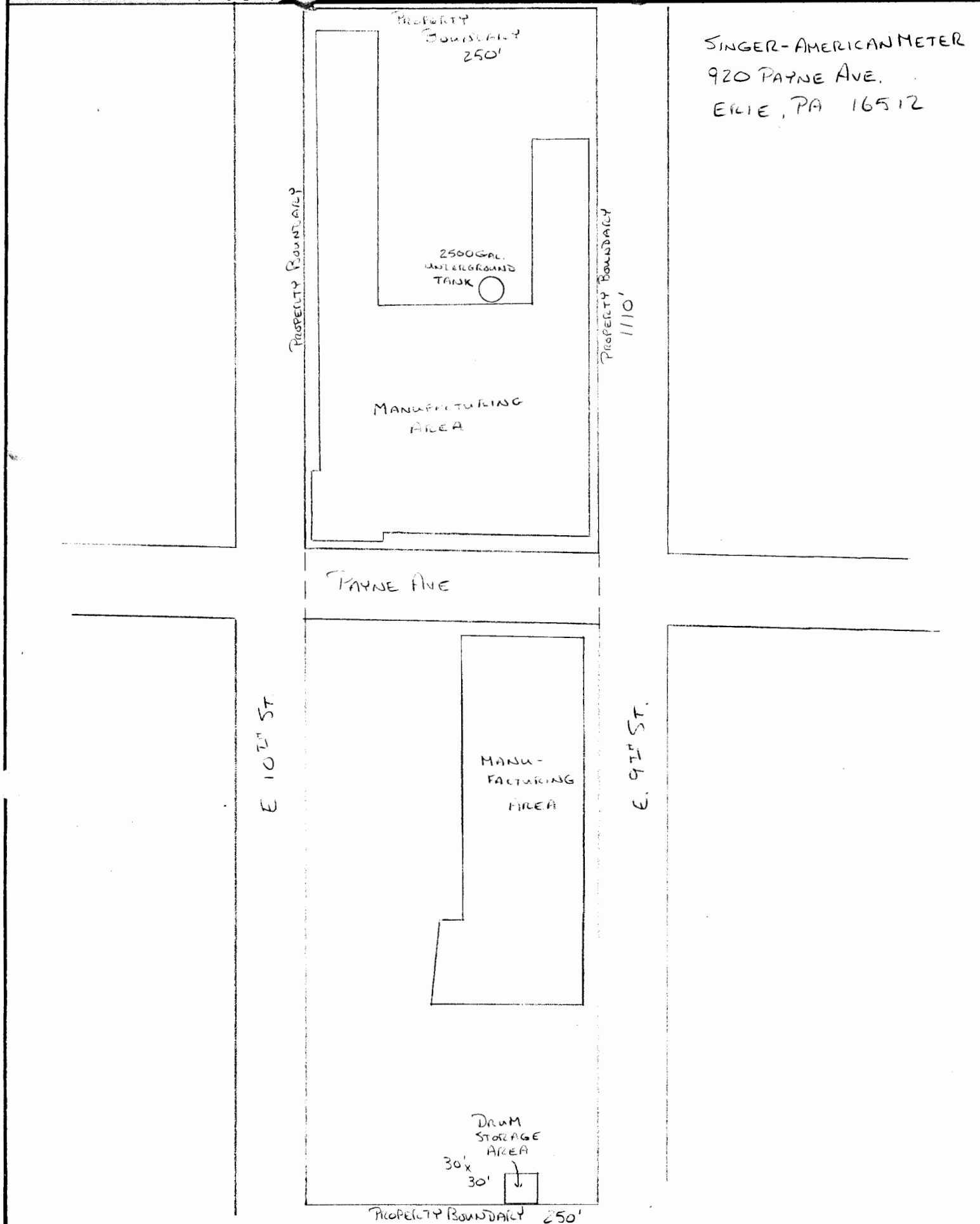
B. SIGNATURE

David E. Jackson

C. DATE SIGNED

11-14-80

## V. FACILITY DRAWING (see page 4)



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Confidential Permit Program (Read the "General Instructions" before starting.)		EPA ID NUMBER EPAD050942291	
CASE TITLE		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA ID NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space has the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except V-8 which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of solid-based terms.					
SPECIFIC QUESTIONS		MARK X		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a commercial animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (either than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluents below the basement slatium containing, within one quarter mile of the well bore, underground source of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1. SINGER-AMERICAN METER DIV ERIE PLANT					
IV. FACILITY CONTACT					
A. NAME & TITLE (Last, First, & Title)				B. PHONE (area code & no.)	
JACKSON D. D. MANAGER IND ENG				814 456 7553	
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
PO BOX 1251					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
ERIE				PA	16512
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
920 PAYNE AVE					
B. COUNTY NAME				C. CITY OR TOWN	
ERIE				PA 16512	



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
5 3 9 5 (specify) Gas Meters, Diaphragm Type, Commercial & Industrial Sizes	7 5 4 0 0 (specify) Gas Meters, Consumption Registering Rotary Type		
C. THIRD		D. FOURTH	
4 7 6 5 (specify) Flow & Liquid Level Instruments, Differential Pressure Type	7 5 4 0 5 (specify) Gas Meters, Consumption Registering Turbine Type		

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
SINGER - AMERICAN METER DIVISION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) Q - OTHER (specify)		8 1 4 4 5 6 7 5 5 3 (area code) (no.)	
E. STREET OR P.O. BOX			
P O BOX 1251			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
E R I E		P A	1 6 5 1 2
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R		(specify)	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Fabrication, assembly and calibration of natural gas meters, measuring instruments, and correcting instruments.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
D. D. Jackson Manager - Industrial Engineering	<i>David D. Jackson</i>	11-14-80

## COMMENTS FOR OFFICIAL USE ONLY



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤

PAD 05 094 2291

INSTALLATION ADDRESS ➤

Singer-American Meter Division  
P. O. Box 1251  
Erie, PA 16512  
ATTN: Mr. D. D. Jackson

920 Payne Avenue  
Erie, PA 16512

3/17/81